

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003405

Entity Name: TRINITY LAKES FOUNDATION, INC.**Current Principal Place of Business:**28 CIRCLE CREEK WAY
ORMOND BEACH, FL 32174**Current Mailing Address:**28 CIRCLE CREEK WAY
ORMOND BEACH, FL 32174 UN**FEI Number:** 59-3452566**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLOVER, PETER M
28 CIRCLE CREEK WAY
ORMOND BEACH, FL 32174 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DT
Name	GLOVER, PETER M
Address	28 CIRCLE CREEK WAY
City-State-Zip:	ORMOND BEACH FL 32174

Title	CD
Name	BLACK, HARRY H
Address	27 BROOK CREST WAY
City-State-Zip:	ORMOND BEACH FL 32174

Title	DS
Name	SMITH, DANA
Address	5 ARCHANGEL CIRCLE
City-State-Zip:	ORMOND BEACH FL 32174

Title	D
Name	LAMM, JEFF
Address	4 SUGAR MILL LANE SOUTH
City-State-Zip:	FLAGLER BEACH FL 32136

Title	D
Name	JOHNSON, ROBERT L
Address	200 SOUTH RIDGEWOOD AVE.
City-State-Zip:	DAYTONA BEACH, FL 32114

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PETER M. GLOVER**TREASURER****02/07/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date